MENTALLY ILL OFFENDER CRIME REDUCTION GRANT (MIOCRG) PROGRAM

Program Evaluation Survey

This survey will become part of your county's MIOCRG contract with the Board of Corrections.

1. Key Research Contacts:

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2. Program Name:

Grant recipients have found it useful to pick a name that helps them to create a Program identity. Two examples are the IMPACT (Immediate Mental Health Processing, Assessment, Coordination and Treatment) project and the Connections Program. Indicate the name you will use to refer to your program.

Response: Rural Recovery Treatment Program (R2TP)

3. Research Design:

a. Check (\checkmark) the statement below that best describes your research design. If you find that you need to check more than one statement (e.g., true experimental <u>and</u> quasi-experimental), you are using more than one research design and <u>you will need to complete a separate copy of the survey for each design</u>. Also, check the statements that describe the comparisons you will make as part of your research design.

Re	esearch Design (Check One)		
	True experimental with random assignment to enhanced treatment and treatment-as-usual groups		
	Quasi-experimental with matched contemporaneous enhanced treatment and treatment-as-usual groups		
	Quasi-experimental with matched historical group		
\boxtimes	Quasi-experimental interrupted time series design		
	Quasi-experimental regression-discontinuity design		
	Quasi-experimental cohort design		
	Other (Specify)		
Co	Comparisons (Check all that apply)		
	Post-Program, single comparison between enhanced treatment and treatment-as-usual groups		
	Post-Program, repeated comparisons (e.g., 6 and 12 months after program separation) between and within enhanced		
	treatment and treatment-as-usual groups		
	Pre-Post assessment with single post-program comparison between enhanced treatment and treatment-as-usual groups		
	Pre-Post assessment with repeated post-program comparisons (e.g., 6 and 12 months after program separation) between		
	and within enhanced treatment and treatment-as-usual groups		
	Pre-Post assessment with repeated pre and post program comparisons between and within enhanced treatment and		
	treatment-as-usual groups		
\boxtimes	Other (Specify) Pre-Post assessment with repeated pre and post program comparison within enhanced treatment group.		

b. If you are using a historical comparison group, describe how you will control for period and cohort effects.

Response: N/A

4. Target Population:

Please identify the population to which you plan to generalize the results of your research. Describe the criteria individuals must meet to participate in the enhanced treatment and treatment-as-usual groups (e.g., diagnosis, criminal history, residency, etc.). Also, please describe any standardized instruments or procedures that will be used to determine eligibility for program participation and the eligibility criteria associated with each instrument.

Response: Findings may be generalized to male MIOs with alcohol or drug dependency. The target population consists of men (and perhaps eventually of women as well) who have had at least one criminal offense (excluding violent felonies) and have a diagnosis of mental illness and substance abuse. The mental illness must be chronic and pervasive. Eligible diagnoses include all forms of Schizophrenia, Thought Disorders, Bipolar Disorders, and Major Depressive Disorders, and selected Anxiety Disorders and Personality Disorders.

Potential clients for the Rural Recovery Treatment Program must have been residents of Kern County for three years prior to their enrollment in the program. Criminal Justice and Mental Health Data Base records for that three year period will be compared with Criminal Justice and Mental Health Data Base records during the evaluation period. Up to six years (3 pre-treatment and up to 3 during and post-treatment) will be used for statistical purposes.

5. Enhanced Treatment Group:

a. Indicate the process by which research subjects will be selected into the pool **from which** participants in the enhanced treatment group will be chosen. For example, this process might include referrals by a judge or district attorney, or selection based on the administration of a mental health assessment instrument.

Response: All persons who fit the target population criteria will receive enhanced treatment. There are several avenues through which eligible MIOs may enter the program. All occur as a result of a new arrest. Clients will be selected using the screening process described in #4 above. Referrals will also be accepted from district attorneys, public defenders, judges, officers of the sheriff's and police departments, and Proposition 36 Correctional Mental Health staff members. Limited treatment slots may necessitate that some eligible clients be placed on a waiting list.

b. Indicate exactly how the enhanced treatment group will be formed. For example, it may result from randomized selection from the pool described in 5a above. Or, if the group size is small, a matching process may be required to achieve equivalence between the enhanced treatment and treatment-as-usual groups. In the case of a quasi-experimental design, the group may be a naturally occurring group. Please describe the origins of this group in detail, including an identification and description of matching variables, if used. If a quasi-experiment is planned, please describe the origins and nature of naturally occurring enhanced treatment groups.

Response: All eligible clients will be admitted into the program. There will be no treatment-as-usual client group.

6. Treatment-as-Usual (Comparison) Group:

a. Indicate the process by which research subjects will be selected into the pool **from which** participants in the treatment-as-usual group will be chosen.

Response: N/A

b. Indicate exactly how the treatment-as-usual group will be formed. For example, if a true experiment is planned, the treatment-as-usual group may result from randomized selection from the subject pool described in 5a above. Or, if the group size is small, a matching process may be required in an attempt to achieve treatment-control group equivalence. If a quasi-experimental design is planned, the group may be a naturally occurring group. Please describe the treatment-as-usual group in detail, including an identification and description of matching variables, if used. If a quasi-experiment is planned, please describe the origins and nature of naturally occurring comparison groups.

Response: N/A

7. Historical Comparison Group Designs (only):

If you are using a historical group design in which an historical group is compared to a contemporary group, please describe how you plan to achieve comparability between the two groups.

Response: N/A

8. Sample Size:

This refers to the number of individuals who will constitute the enhanced treatment and treatment-as-usual samples. Of course, in any applied research program, subjects drop out for various reasons (e.g., moving out of the county, failure to complete the program). In addition, there may be offenders who participate in the program yet not be part of the research sample (e.g., they may not meet one or more of the criteria for participation in the research or they may enter into the program too late for you to conduct the follow-up research you may be including as part of the evaluation component). Using the table below, indicate the number of individuals that you anticipate will complete the enhanced treatment or treatment-as-usual interventions. This also will be the number of individuals that you will be including in your statistical hypothesis testing to evaluate the program outcomes. Provide a breakdown of the sample sizes for each of the three program years, as well as the total program. Under Unit of Analysis, check the box that best describes the unit of analysis you will be using in your design.

Sample Sizes (Write the expected number in each group)				
Program Year	Treatment Group		Comparison Group	
First Year	20		N/A	
Second Year	(20 + 30 =) 50		N/A	
Third Year	(50 + 30 =) 80		N/A	
Total	80		N/A	
Unit of Analysis	(Check one)			
Individual O	ffender			
Geographic .	Area			
Other:				

9. Enhanced Treatment Group Interventions:

Describe the interventions that will be administered to the enhanced treatment group. Please indicate of what the interventions will consist, who will administer them, how they will be administered, and how their administration will be both measured and monitored.

Response: A residential dual diagnosis treatment facility and two sober living homes will be established. Upon release from county jail, or at arraignment, the Rural Recovery Treatment Program (R2TP) will admit the client for a residential, intense treatment phase of four to six months. Following graduation from the intense residential treatment phase, the client will move to a sober living home and continue to receive treatment and training on an outpatient basis for an additional eight months. Following graduation from the sober living home, the client will transition to a Mental Health Outpatient Treatment Team. Interventions will include subsidized housing, 24-hour supervision, and intense substance abuse and mental health counseling (individual and group). Also included are medication management, transportation as needed, family and vocational services, and drug testing. Clients will be supervised medically by a licensed psychiatrist. The treatment team will consist of the psychiatrist, LCSWs, MFTs, CADACs (California Alcohol and Drug Abuse Counselors), and Specialists in Case Management and Rehabilitation. The entire program will be monitored by Kern County Mental Health System of Care. The treatment will be contracted to College Health, and the facilities operations will be contracted to College Research Hospital. Intervention data will be gathered through the Mental Health Data Base, Gismo.

As part of the program evaluation, clients' functionality--including emotional stability, sobriety, and criminal justice violations--during treatment and follow-up will be compared with their functionality as indicated by Criminal Justice and Mental Health records for the three years before they entered treatment.

10. Treatment-as-Usual Group Interventions:

Describe the interventions that will be administered to the treatment-as-usual group. Please indicate of what the interventions will consist, who will administer them, how they will be administered, and how their administration will be both measured and monitored.

Response: N/A

11. Treatments and Outcomes (Effects):

Please identify and describe the outcomes (treatment effects) you hypothesize in your research. Indicate in the table below your hypothesized treatment effects (i.e., your dependent variables), their operationalization, and their measurement. Also indicate the treatment effect's hypothesized cause (i.e., treatments/independent variables) and the hypothesized direction of the relationship between independent and dependent variables.

Independent Variables (treatment)	Dependent Variables (hypothesized outcomes)	Operationalization of Dependent Variables	Method of Measuring Dependent Variable	Hypothesized Relationship Between Ind & Dep Variables (+ or -)
frequency of criminal activity by MIOs	stability or reduction in criminal activity	rate of new arrests (excluding probation violation)	counts from CJIS	= or - (number of clients' arrests excluding probation violationwill diminish or remain constant)
type of crimes committed by MIOs	stability or de- escalation of criminal activity/fewer crimes involving substances	seriousness/nature of new arrests	examination of arrest codes and misdemeanor vs. felony designations from CJIS	= or - (number of clients' arrests for crimes of escalated seriousness and/or crimes involving substances will diminish or remain constant)
incarceration of MIOs	reduction of duration of incarceration	days spent in jail	calculation of jail stay per time period from CJIS	- (number of days clients spend in jail will diminish)
interventions on behalf of MIOs that contribute to stability	reduction of hospitalizations for mental illness	incidents of new hospitalizations for mental illness	counts from MH database (Gismo)	- (number of acute episodes necessitating hospitalization will diminish)
MH/substance abuse treatment for MIOs	effectiveness of MH/substance abuse treatment	appropriate use of medications, avoidance of chemical dependency, stable housing situation, client/family satisfaction with program; reintegration into community	qualitative study: surveys and interviews with clients, clients' family members, law enforcement and court personnel, caseworkers, and treatment providers.	+ (client stability will increase, as measured by medication use, housing, drug/alcohol use, satisfaction, and reintegration with community)

12. Statistical Analyses:

Based on the table in #11 above, formulate your hypotheses and determine the statistical test(s) you will use to test each hypothesis. Enter these into the following table.

Statements of Hypotheses	Statistical Test(s)
1. Treatment will result in an equal or lower rate of arrests among clients	MANOVA
than in the preceding three years (excluding probation violation).	
2. If arrested, clients' crimes will be of equal or diminished seriousness than	MANOVA
in the preceding three years.	
3. If arrested, fewer crimes committed by clients will involve substance	MANOVA
abuse than in the preceding three years.	
4. Treatment will result in a fewer days in jail among clients than in the	MANOVA
preceding three years.	
5. Treatment will result in a fewer hospitalizations for mental illness among	MANOVA
clients than in the preceding three years.	
6. Treatment will be viewed as effective by clients, clients' families, law	Not applicable: this question
enforcement and court personnel, caseworkers, and treatment providers.	will be addressed using
	qualitative research methods
7.	
8.	
9.	
10.	

13. Cost/Benefit Analysis:

Please indicate whether you will be conducting a Program cost/benefit analysis of the program (optional).

Cost/Benefit Analysis	
Yes	⊠ No

If you will conduct a cost/benefit analysis, describe what it will focus on and how it will be performed.

Response:

14. Process Evaluation:

How will the process evaluation be performed? That is, how will you determine that the program has been implemented as planned and expressed in your proposal? Please include a description of how will you will record and document deviations of implementation from the original proposal. Also, please identify who will conduct this evaluation and who will document the results of the evaluation.

Response:

Year one. Assess the level of interagency cooperation, client flow, and adequacy of program infrastructure. Year two. Continue with year one activities, and add: Assess the appropriateness of program and treatment for clients.

Year three. Continue with year one and two activities, and add: Assess satisfaction of clients and clients' family members, the degree to which clients have become re-integrated into the community, and program sustainability.

15. Program Completion:

What criteria will be used to determine when research participants have received the full measure of their treatment? For instance, will the program run for a specified amount of time irrespective of the participants' improvement or lack thereof? If so, how long? Alternatively, will completion be determined when participants have achieved a particular outcome? If so, what will that outcome be and how will it be measured (e.g., decreased risk as measured by a "level of functioning" instrument)?

Response: Once entering the program, participants will receive services as needed through the life of the grant. Therefore, there are no specific program completion criteria.

16. Participant Losses:

For what reasons might participants be terminated from the program and be deemed to have failed to complete the program? Will you continue to track the outcome measures (i.e., dependent variables) of those who leave, drop out, fail, or are terminated from the program? For how long will you track these outcome measures?

Response: Clients will be terminated from the program if they are sentenced to prison, decide not to participate in the program after enrolling, or move out of Kern County. Evaluators will continue to collect all available outcome measures on terminated clients.